

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20 =	11
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	198
X80=	160
+270=	
TOTAL	1068

* If the difference in column 1 is less than zero, enter "0" in column 2

2-9-05

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	31	=
Independent	6	5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	200
+270=	
TOTAL	200
ADDITIONAL FEE	

5-22-06

BEST AVAILABLE COPY

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	32	31	= 1
Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	50
X80=	
+270=	
TOTAL	50
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			=
Independent			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

MAY. 22. 2006 6:31PM

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NO. 4213 P. 2

MAY 22 2006

ATTORNEY DOCKET NO. 12016.0042U1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Heather Laudan Clark, *et al.*

Application No. 09/813,681

Filing Date: March 21, 2001

For: "METHOD AND SYSTEM FOR
RECEIVING AND PROCESSING
MULTIPLE COMPRESSED DATA
STREAMS"

Art Unit: 2625

Examiner: Poon, King Y.


Confirmation No. 3454

TRANSMITTAL LETTER

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

May 22, 2006

<u>CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8</u>	
I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Examiner Poon, King Y., Art Unit 2625, Telephone: (571) 273-8360, on the date indicated below.	
 Jason S. Jackson	<u>May 22, 2006</u> Date

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Request for Continued Examination (RCE) | <input type="checkbox"/> Petition to Extend Time |
| <input type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input checked="" type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Other <u>Response Accompanying a</u>
<u>Request for Continued Examination</u> |

MAY. 22. 2006 6:31PM

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NO. 4213 P. 3

MAY 22 2006


ATTORNEY DOCKET NO. 12016.0042U1
APPLICATION NO. 09/813,681

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	32	32	0	X \$30.00		\$0.00
Independent Claims	6	6	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$0.00
TOTAL FEE DUE						\$0.00

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$790.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.


 Jason S. Jackson
 Registration No. 56,733

 NEEDLE & ROSENBERG, P.C.
 Customer Number 23859
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2